FINANCIAL STATEMENTS

and

ADDITIONAL INFORMATION

with

INDEPENDENT AUDITOR'S REPORT

YEARS ENDED JUNE 30, 2013 AND 2012

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George, Bowerman & Noel, P.A.

Certified Public Accountants Business Consultants Tax Advisors

Epic Center • 301 N. Main, Suite 1350 • Wichita, Kansas 67202 • Telephone (316) 262-6277 • Fax (316) 265-6150

INDEPENDENT AUDITOR'S REPORT

Board of Trustees Kearny County Hospital Lakin, Kansas

We have audited the accompanying financial statements of Kearny County Hospital, a component unit of Kearny County, Kansas, which comprise the balance sheets as of June 30, 2013 and 2012, and the related statements of revenue, expenses and changes in net position and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the provisions of the Kansas Municipal Audit Guide. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Kearny County Hospital as of June 30, 2013 and 2012, and the changes in financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Additional Information

Accounting principles generally accepted in the United States of America require that the Management's Discussion and Analysis on pages 3 through 7 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted

in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Our audits were made for the purpose of forming opinions on the basic financial statements taken as a whole. The additional information, as listed in the table of contents, is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. Such information has been subjected to the auditing procedures applied in the audits of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to the prepare the basic financial statements or to the financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the additional information is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Wichita, Kansas January 22, 2014

Deorge, Bowerman & Noel, P.A.

MANAGEMENT'S DISCUSSION AND ANALYSIS

The Kearny County Hospital's (Facility) management's discussion and analysis presents an overview of the Facility's financial activities for the fiscal years ended June 30, 2013 and 2012. Please read it in conjunction with the Facility's financial statements, which begin on page 8.

The Facility has implemented Governmental Accounting Standards Board ("GASB") Statement 34, Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments. Among those guidelines are the components of this section dealing with management's discussion and analysis. Its intent is to provide a brief, objective, and easily readable analysis of the Facility's financial position at June 30, 2013 and 2012 and its financial performance for the years then ended.

Financial Highlights

- The Facility's net position increased by \$29,409 or .24% in 2013 and decreased by \$1,151,129 or 8.53% in 2012.
- The Facility's net patient service revenue increased by \$1,287,875 or 9.41% in 2013 and by \$829,043 or 6.45% in 2012.
- Contractual allowances, charity care and bad debts reduced gross patient service revenue by \$7,436,894 or 33% of gross patient service revenue in 2013 and by \$5,821,630 or 30% of gross patient service revenue in 2012.
- The Facility reported operating losses in both 2013 (\$1,810,610) and 2012 (\$3,150,053). The operating loss in 2013 decreased by \$1,339,443 or 43% over the loss reported in 2012. The operating loss in 2012 increased by \$801,776 or 34% over 2011.
- Net nonoperating revenues decreased by \$147,682 or 8% in 2013 and increased by \$397,621 or 26% in 2012.

Financial Statements

The Facility's financial statements are prepared using proprietary fund accounting that focuses on the determination of net position, changes in net position, and cash flows in a manner similar to private-sector businesses. The basic financial statements include a balance sheet, statement of revenue, expenses and changes in net position, and statement of cash flows, followed by notes to the financial statements and schedules of certain additional information. These statements include all restricted and unrestricted assets and all liabilities and deferred inflows and outflows of resources using the accrual basis of accounting. All of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

The balance sheet presents information on the Facility's assets, deferred outflows of resources, liabilities, deferred inflows of resources, with the difference between them reported as net position. Over time, increases or decreases in net position may indicate whether the financial position of the Facility is improving or deteriorating.

The statement of revenues, expenses and changes in net position presents both the operating revenues and expenses and nonoperating revenues and expenses along with other changes in net position for the year. This statement is an indication of the success of the Facility's operations over the past year.

The statement of cash flows presents the change in cash and cash equivalents for the year resulting from operating activities, noncapital financing activities, capital and related financing activities and investing activities. The primary purpose of this statement is to provide information about the Facility's cash receipts and cash payments during the year.

Net Position

The Facility's net position is the difference between its assets and deferred outflows of resources and its liabilities and deferred inflows of resources as reported in the Balance Sheets on pages 8 and 9. The components of the Facility's net position in each of the past three years are shown in the following table.

				June 30,		
	vehicularishin	2013	^	2012	*********	2011
Assets:						
Current assets	\$	4,501,828	\$	3,593,905	\$	2,904,007
Capital assets, net		9,929,052		11,143,749		11,597,234
Other noncurrent assets	*******	2,615		31,795		75,629
Total assets	\$	14,433,495	\$	14,769,449	\$	14,576,870
Liabilities;						
Long-term liabilities	\$	****	\$	705,449	\$	133,004
Other liabilities	-	1,423,440		1,722,218		950,955
Total liabilities	********	1,423,440		2,427,667		1,083,959
Deferred inflows of resources:						
Deferred revenue – Taxes		638,864		National Control of Co		***************************************
Total liabilities and deferred inflows of resources	<u>\$</u>	2,062,304	\$	2,427,667	<u>\$</u>	1,083,959
Net position:						
Invested in capital assets, net	\$	9,929,052	\$	10,376,237	\$	11,379,110
Restricted		543,870		603,914		534,165
Unrestricted		1,898,269		1,361,631		1,579,636
Total net position	<u>\$</u>	12,371,191	<u>\$</u>	12,341,782	<u>\$</u>	13,492,911

Recent Financial Performance

The schedule below is a summary of the Facility's revenues, expenses and changes in net position for the past three years.

	Year ended June 30				
	2013	2012	2011		
Operating revenue	\$ 15,935,425	\$ 13,715,319	<u>\$ 12,876,757</u>		
Operating expenses:					
Salaries	9,358,934	8,901,526	7,972,734		
Supplies and other	7,014,193	6,628,653	5,930,697		
Depreciation	1,372,908	1,335,193	1,321,603		
Total operating expenses	17,746,035	16,865,372	15,225,034		
Operating loss	(1,810,610)	(3,150,053)	(2,348,277)		

	Year ended June 30 (continued)			
	2013	2012	2011	
Nonoperating revenues:				
Taxes	1,601,025	1,702,343	1,328,984	
Investment income	9,162	11.591	11,794	
Interest expense	(27,758)	(22,852)	(23,086)	
Grants and contributions	52,083	81,357	76,526	
Other, net	160,190	169,945	150,545	
Total nonoperating revenues	1,794,702	1,942,384	1,544,763	
Excess of expenses over revenue before capital grants and contributions Capital grants and contributions	(15,908) 45,317	(1,207,669) 56,540	(803,514) 20,658	
Increase (decrease) in net position	\$ 29,409	<u>\$ (1,151,129)</u>	<u>\$ (782,856)</u>	
Net position at end of year	<u>\$ 12,371,191</u>	<u>\$ 12,341,782</u>	<u>\$_13,492,911</u>	

Operating Losses

The first component of the overall change in the Facility's net position is its operating income (loss)—generally, the difference between net patient service and the expenses incurred to perform those services. The Facility reported operating losses of \$1,810,610, \$3,150,053 and \$2,348,277 in 2013, 2012 and 2011, respectively.

The primary components of the changes in operating losses are:

- Increases in salary and employee benefit costs for the Facility's employees of \$651,148 or 6% in 2013 and \$1,393,545 or 14% in 2012.
- Increases in supplies and other expenses of \$191,807 or 5% in 2013 and \$233,203 or 6% in 2012.
- Contractual allowances, charity care and bad debt expense increased by \$1,615,264 in 2013 and by \$696,438 in 2012.
- Net operating revenue increased \$2,220,106 or 16% in 2013 and \$838,562 or 7% in 2012. The significant change in 2013 was due, in part, to the Facility qualifying for incentive payments of \$932,270 from the Medicare and Medicaid programs upon meeting the requirements for a qualified electronic health record (EHR) system in 2013.

The rate of healthcare inflation has a direct effect on the cost of services provided by the Facility. A component of the Facility's costs are expenses for medical supplies and prescription drugs. Some of the major factors contributing to the increased medical supply and drug costs include the introduction of new drugs that cannot be obtained in generic form, and changes in therapeutic mix.

Nonoperating Revenues and Expenses

Nonoperating revenues consist primarily of property taxes levied by the County, investment earnings, and grants and contributions.

The Facility's Cash Flows

Changes in the Facility's cash flows are consistent with changes in operating losses and nonoperating revenues and expenses, discussed earlier.

Capital Assets

The Facility had \$9,929,052, \$10,376,237 and \$11,379,110 invested in capital assets, net of accumulated depreciation and related debt, at June 30, 2013, 2012 and 2011, respectively, as detailed in Note 6 to the financial statements. The Facility had expenditures of approximately \$158,000 and \$882,000 for equipment in 2013 and 2012, respectively.

Long-term Debt

At June 30, 2012, the Facility had a promissory note payable outstanding of \$767,512 for an electronic health record system, as detailed in Note 7 to the financial statements. The note was paid off during the year ended June 30, 2013.

Other Economic Factors

Management expects the current economic conditions to continue over the next year.

Issues Facing the Facility

There are issues facing the Facility that could result in material changes in its financial position in the long term. Among these issues are:

- Risks related to Medicare and Medicaid reimbursement. A significant portion of the Facility's revenues are derived from the Medicare program, which provides certain healthcare benefits to beneficiaries who are over 65 years of age or disabled, and the Medicaid program, funded jointly by the federal government and the states, which provides medical assistance to certain needy individuals and families. The funding of these programs by the federal and state governments face increasing pressure due to the significant increases in the costs of providing healthcare services in recent years.
- Employment and labor issues. The Facility is a major employer within the community, employing a complex mix of professional, technical, clerical, maintenance, dietary, and other workers. Risks include personal tort actions, work-related injuries and exposure to hazardous materials. A relative shortage of nursing and other medical professional/technical employees within the state, is an issue that is causing salary and benefits costs to increase at significant rates.
- <u>Technology and services</u>. Scientific and technological advances, new procedures, drugs and appliances, preventive medicine, and outpatient healthcare delivery may reduce utilization and revenues for the Facility in the future. Technological advances continue to accelerate the need to acquire sophisticated and expensive equipment and services for diagnosis and treatment of illnesses and diseases.
- <u>Increasing numbers of uninsured and underinsured patients</u>. Due to the significant increases and high cost of healthcare insurance premiums in recent years, increasing numbers of patients of the Facility are finding it more and more difficult to obtain or maintain adequate health insurance coverage. This trend could increase the levels of uncompensated care provided by the Facility.

Contacting The Facility's Financial Management

This financial report is designed to provide our patients, suppliers, taxpayers, and creditors with a general overview of the Facility's finances and to show the Facility's accountability for the money it receives. If you have questions about this report or need additional financial information, contact the Facility's Administration Department, at Kearny County Hospital, 500 N. Thorpe St., Lakin, Kansas 67860.

BALANCE SHEETS

ASSETS

	June 30,			
	2013			2012
Current assets:				
Cash (Notes 1 and 3)	\$	808,635	\$	10,763
Assets whose use is limited (Notes 1 and 3)	Ψ	1,156,257	Ψ	779,985
Accounts receivable, net of allowance for doubtful accounts of		1,150,257		117,505
\$808,558 in 2013 and \$666,679 in 2012 (Notes 1 and 4)		1,869,488		1,608,198
Current portion of employee receivables		29,180		43,833
Due from third-party insurance programs (Note 2)				701,676
Inventories (Note 1)		304,643		270,317
Prepaid expenses and other		333,625		179,133
Tropusa empendos una estas	********			
Total current assets		4,501,828		3,593,905
Long-term portion of employee receivables	3	2,615		31,795
Property and equipment, at cost (Notes 1 and 6):				
Land		97,298		97,298
Land improvements		634,019		634,019
Buildings and fixed equipment		18,092,742		18,061,745
Movable equipment		4,818,109		4,110,798
Projects in progress		31,279		611,376
		23,673,447		23,515,236
Less accumulated depreciation		13,744,395		12,371,487
2000 dobamanda deprovisión				
Property and equipment, net of accumulated depreciation	*********	9,929,052		11,143,749
Total assets	<u>\$_</u>	14,433,495	\$	14,769,449

The accompanying notes are an integral part of the financial statements.

LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND NET POSITION

	June 30,			
	2013			2012
Current liabilities:				
Accounts payable	\$	366,081	\$	414,178
Salaries payable	4	385,529	Ψ	355,123
Compensated absences payable (Note 1)		260,944		277,605
Payroli taxes payable		5,215		18,500
		57,655		18,500
Due to third-party insurance programs (Note 2)		37,033		5,304
Accrued interest payable		348,016		93,835
Other accrued expenses		340,010		
Current portion of long-term debt (Note 7)		vocati		62,063
Note payable to bank (Note 8)			,	495,610
Total current liabilities		1,423,440		1,722,218
Long-term debt (Note 7)				705,449
Total liabilities	***************************************	1,423,440		2,427,667
Deferred inflows of resources:				
Deferred revenue – Taxes	***************************************	638,864		
Not modition (Notes 1 and 2).				
Net position (Notes 1 and 3):		9,929,052		10,376,237
Invested in capital assets, net of related debt		9,929,032		10,370,237
Restricted:		E 42 070		603,914
Expendable for capital asset acquisition		543,870		,
Unrestricted		1,898,269	-	1,361,631
Total net position	***************************************	12,371,191		12,341,782
Total liabilities, deferred inflows of resources and net position	<u>\$</u>	14,433,495	\$	14,769,449

STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION

	Year ended June 30,			
	2013	2012		
Operating revenues:	\$ 14.970.959	\$ 13.683.084		
Net patient service revenue (Note 1)		+,		
Other	964,466	32,235		
Total operating revenue	15,935,425	13,715,319		
Operating expenses:				
Salaries	9,358,934	8,901,526		
Supplies and other	7,014,193	6,628,653		
Depreciation (Note 1)	1,372,908	1,335,193		
Total operating expenses	17,746,035	16,865,372		
Operating loss	(1,810,610)	(3,150,053)		
Nonoperating revenues:				
Tax revenues	1,601,025	1,702,343		
Investment income	9,162	11,591		
Interest expense	(27,758)	(22,852)		
Noncapital grants and contributions	44,482	57,397		
Transfers from Kearny County for operations	7,601	23,960		
Other	160,190	169,945		
Total nonoperating revenues	1,794,702	1,942,384		
Excess of expenses over revenues before contributions for				
capital assets	(15,908)	(1,207,669)		
Transfers from Kearny County for capital assets	45,317	56,540		
Increase (decrease) in net position	29,409	(1,151,129)		
Net position at beginning of year	12,341,782	13,492,911		
Net position at end of year	<u>\$ 12,371,191</u>	<u>\$ 12,341,782</u>		

The accompanying notes are an integral part of the financial statements.

STATEMENTS OF CASH FLOWS

	Year ended June 30,			
		2013		2012
Cash flows from operating activities:				
Receipts from and on behalf of patients	\$	15,469,000	\$	13,144,785
Payments to suppliers and contractors		(7,010,212)		(6,503,482)
Payments to employees		(9,345,189)		(8,793,290)
Other receipts and payments, net		964,466		32,235
Net cash flows provided (used) by operating activities	*********	78,065		(2,119,752)
Cash flows from noncapital financing activities:				
Property taxes for operations		2,239,889		1,702,343
Grants and contributions		44,482		57,397
Transfers from Kearny County for operations		7,601		23,960
Other		160,190		169,945
Net cash flows provided by noncapital financing activities	******	2,452,162		1,953,645
Cash flows from capital and related financing activities:				
Purchases of property and equipment		(158,211)		(443,791)
Payments on long-term debt		(800,574)		(94,962)
Proceeds from note payable to bank		4,579,451		5,797,885
Payments on note payable to bank		(5,075,061)		(5,131,819)
Transfers from Kearny County for capital assets		45,317	********	56,540
Net cash flows provided (used) by capital and related				
financing activities		(1,409,078)		183,853
Cash flows from investing activities:				
Net change in employee receivables		43,833		49,744
Investment income		9,162		11,591
myestment income	*****	7,104		11,5771
Net cash flows provided by investing activities		52,995		61,335
Increase in cash and cash equivalents		1,174,144		79,081
Cash and cash equivalents at beginning of year	P	790,748		711,667
Cash and cash equivalents at end of year	<u>\$</u>	1,964,892	\$	790,748

The accompanying notes are an integral part of the financial statements.

STATEMENTS OF CASH FLOWS - continued

	Year ended June 30,			
		2013		2012
Reconciliation of cash and cash equivalents to balance sheets: Cash and cash equivalents in current assets:	ď	909 625	ф	10 7762
Cash	\$	808,635	\$	10,763
Assets whose use is limited		1,156,257		779,985
Total cash and cash equivalents	<u>\$</u>	1,964,892	\$	790,748
Reconciliation of operating loss to net cash provided (used) by operating activities:				
Operating loss	\$	(1,810,610)	\$	(3,150,053)
Adjustments to reconcile operating loss to net cash flows provided (used) by operating activities:				
Depreciation		1,372,908		1,335,193
Provision for doubtful accounts		819,202		725,144
Net (increases) decreases in current assets:				
Accounts receivable		(1,080,492)		(777,875)
Inventories		(34,326)		(25,976)
Due from third-party insurance programs		701,676		(485,568)
Other		(154,492)		(52,452)
Net increases (decreases) in current liabilities:				
Accounts payable		(48,097)		170,906
Salaries and wages payable		30,406		87,112
Compensated absences payable		(16,661)		21,124
Payroll taxes payable		(13,285)		3,301
Due to third-party insurance programs		57,655		-
Other accrued expenses	******	254,181		29,392
Net cash provided (used) by operating activities	<u>\$</u>	<u> 78,065</u>	<u>\$_</u>	(2,119,752)

NOTES TO FINANCIAL STATEMENTS

June 30, 2013 and 2012

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies is presented to assist in understanding the Facility's financial statements. The financial statements and notes are representations of the Facility's management, which is responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles and have been consistently applied in the preparation of the financial statements.

Organization and business activity

Kearny County Hospital (Facility) is owned by Kearny County, Kansas and is governed by a Board of Trustees. The Facility provides acute, skilled, intermediate, assisted living, self-care, clinic and home health services. The Board of County Commissioners appoints the members of the Board of Trustees. For this reason, the Facility is considered to be a component unit of Kearny County, Kansas.

Proprietary fund accounting

The Facility's financial statements are comprised solely of an enterprise fund that uses proprietary accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus.

The Facility prepares its financial statements as a business-type activity in conformity with applicable pronouncements of the Governmental Accounting Standards Board (GASB). Pursuant to GASB Statement No. 20, Accounting and Financial Reporting for Proprietary Funds and Other Governmental Entities That Use Proprietary Fund Accounting, as amended, the Facility has elected to apply the provisions of all relevant pronouncements of the Financial Accounting Standards Board (FASB), including those issued after November 30, 1989, that do not conflict with or contradict GASB pronouncements.

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Operating revenues and expenses

The Facility's statement of revenues, expenses, and changes in net position distinguishes between operating and non-operating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services – the Facility's principal activity. Non-exchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisitions, are reported as non-operating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

Cash and cash equivalents

For purposes of the statement of cash flows, the Facility considers all highly liquid debt instruments with an original maturity of three months or less to be cash and cash equivalents.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Patient accounts receivable

The Facility reports patient accounts receivable for services rendered at net realizable amounts from third-party payers, patients and others. The Facility provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information, payer mix trends, and existing economic conditions. As a service to patients, the Facility bills third-party payers directly and bills the patient when the patient's liability is determined. Patient accounts receivable are generally due in full when billed. If the patient is unable to pay the full amount at the time the patient is billed, the Facility negotiates a payment plan whereby monthly payments are made by the patient on the account. Accounts are considered delinquent and subsequently written off as bad debts based on individual credit evaluation and specific circumstances of the account. If future actual default rates on accounts receivable differ from those currently anticipated, the Facility may have to adjust its allowance for doubtful accounts, which would affect earnings in the period the adjustments are made.

Inventories

Inventories are stated at cost as determined by the first-in, first-out method.

Capital assets

The Facility's capital assets that are \$5,000 or greater, are recorded at cost at the date of acquisition, or fair value at the date of donation if acquired by gift. All capital assets other than land are depreciated or amortized (in the case of capital leases) using the straight-line method of depreciation using the following estimated useful lives:

	Estimated useful lives
Land improvements	10 - 20 years
Buildings	5 - 40 years
Fixed equipment	5 - 20 years
Movable equipment	5 - 20 years

The costs of maintenance and repairs are charged to operating expenses as incurred. The costs of significant additions, renewals and betterments to depreciable properties are capitalized and depreciated over the remaining or extended estimated useful lives of the item or the properties. When depreciable property is retired or otherwise disposed of, the related costs and accumulated depreciation are removed from the accounts and any gain or loss is reflected as non-operating revenue (expense).

Net patient service revenue

The Facility has agreements with third-party payors that provide for payments to the Facility at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, per diem payments, and discounted charges. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Charity care

The Facility provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy based on current poverty level guidelines. Because the Facility does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue. Charges excluded from revenue under the Facility's charity care policy were \$127,462 and \$116,077 for June 30, 2013 and 2012, respectively.

Compensated absences

Employees of the Facility are entitled to paid time off depending on length of service and whether they are full or part time. Upon resignation, termination or retirement from service with the Facility, employees are entitled to payment for all accrued paid time off, up to the allowable maximum. The Facility accrues the paid time off benefits as earned.

Grants and contributions

From time to time, the Facility receives grants and contributions from government agencies, private organizations, and individuals. Revenues from grants and contributions are recognized when all eligibility requirements, including time requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as non-operating revenue. Amounts restricted to capital acquisitions are reported after non-operating revenues and expenses. When the Facility has both restricted and unrestricted resources available to finance a particular program, it is the Facility's policy to use restricted resources before unrestricted resources.

Net position

Net position of the Facility is classified into three components. Invested in capital assets, net of related debt consist of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. Restricted expendable net position consists of assets, less related liabilities, that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the Facility, including amounts deposited with trustees as required by indentures, reduced by the outstanding balances of any related borrowings. Unrestricted net position are remaining assets less remaining liabilities and deferred inflows that do not meet the definition of invested in capital assets, net of related debt or restricted.

Risk management

The Facility is exposed to various risks of loss related to torts; theft of, damage to and destruction of assets; errors and omissions; injuries to employees; natural disasters; and employee health benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial insurance coverage in any of the three preceding years.

The Facility pays fixed premiums for annual medical malpractice coverage under an occurrence-basis policy. The Facility accrues the expenses of its share of malpractice claim costs, if any, of reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate cost of any incident. Based on the Facility's own claims experience, no accrual, for medical malpractice costs has been made in the accompanying financial statements. It is possible that this estimate could change materially in the near term.

The Facility has implemented a partially self-funded insurance plan to administer its employee health insurance benefits. Liabilities under this plan are estimated based on settled claims, frequency of claims and other economic factors. Claims incurred, but not reported, are recorded as a portion of the estimated liability.

1. <u>SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES</u> (continued)

Change in accounting principle

Effective, July 1, 2012, the Facility implemented the provisions of GASB Statement No. 63, Financial Reporting of Deferred Outflows of Resources, Deferred Inflows of Resources and Net Position and GASB Statement No. 65, Items Previously Reported As Assets and Liabilities. GASB Statement No. 63 provides guidance for reporting deferred inflows and deferred outflows or resources and GASB Statement No. 65 provides additional guidance on reclassifying, as deferred inflows of resources and deferred outflows of resources, certain items that were previously reported as assets and liabilities. The implementation of the applicable requirements of these GASB statements was accomplished by a retroactive adjustment to the net position balance at July 1, 2011. Additionally, the term "net assets" was replaced with the term "net position".

A deferred inflow of resources is defined as an acquisition of net position applicable to a future reporting period. Taxes of \$638,834 received from Kearny County in 2013 to fund 2014 operations are identified on the Facility's balance sheet as a deferred inflow. A deferred outflow of resources is the consumption of net position that is applicable to a future reporting period. There were no items identified by the Facility that met the definition of a deferred outflow of resources.

Reclassifications

Certain reclassifications have been made to the 2012 financial statements to conform to the 2013 presentation. These other reclassifications had no effect on the change in net position.

Subsequent events

Subsequent events have been evaluated through January 22, 2014, which is the date the financial statements were available to be issued.

2. ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS

The Facility has agreements with third-party payers that provide for payments to the Facility at amounts different from its established rates. These payment arrangements include:

- Medicare Inpatient and outpatient services are paid based on cost reimbursement methodologies. The Facility is reimbursed for cost reimbursable items at tentative rates with final settlement determined after submission of annual cost reports by the Facility and reviews thereof by the Medicare fiscal intermediary. The Facility's classification of patients under the Medicare program and appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Facility. The Facility's Medicare cost reports have been reviewed by the Medicare fiscal intermediary through June 30, 2010.
- Medicaid For the year ended June 30, 2012 and for the period from July 1, to December 31, 2012, inpatient and outpatient services rendered to program beneficiaries are reimbursed under a cost reimbursement methodology for patients who are not part of a Medicaid managed care network. The Facility is reimbursed for cost reimbursable items at tentative rates with final settlement determined after submission of annual cost reports by the Facility and reviews thereof by the Medicaid fiscal intermediary. As of January 1, 2013, the Facility is reimbursed under the State of Kansas KanCare program utilizing the Medicaid fee schedule plus a cost adjustment factor.

Inpatient long-term care services for the years ended June 30, 2013 and 2012 are paid at prospectively determined per diem rates that are based on the patient's acuity.

2. ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS (continued)

Approximately 26% and 28% of net patient service revenue is from participation in the Medicare program for the years ended June 30, 2013 and 2012, respectively. Laws and regulations governing the Medicare program are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

Pursuant to enactment of the American Recovery and Reinvestment Act of 2009, the Medicare and Medicaid programs implemented programs to provide for one-time incentive payments for eligible hospitals that demonstrate meaningful use of certified electronic health records systems (EHR).

Under Medicare's incentive program, hospitals are generally eligible to receive these incentive payments for up to four years for reasonable costs incurred for certified EHR systems multiplied by the hospital's Medicare utilization plus 20%, up to 100% of the reasonable costs incurred. Payments under the Medicaid program are generally available for up to four years based upon a formula determined by the state and approved by the Centers for Medicare and Medicaid Services (CMS). Final amounts for any payment year are contingent upon the hospital continuing to meet increasing meaningful use criteria and, accordingly, are subject to review and approval by the Medicare and Medicaid programs fiscal intermediaries. As a result, it is reasonably possible that final determined amounts may differ materially from initial revenues recorded under these programs.

During 2013, the Facility met the initial requirements to receive EHR incentive payments from the Medicare program and accordingly, \$932,270 of other operating revenue has been recorded for the year ended June 30, 2013.

The Facility has also entered into payment agreements with certain commercial insurance carriers and other third-party payor programs. The basis for payment to the Facility under these agreements includes prospectively determined rates per discharge, discounts from established charges and cost reimbursement.

3. CASH AND ASSETS WHOSE USE IS LIMITED

Cash and assets whose use is limited consisted of the following:

	June 30,			
		2013		2012
Unrestricted demand and time deposit accounts	\$	808,635	\$	10,763
Assets whose use is limited:				
By Board of Trustees:				
Savings accounts - capital assets acquisitions		434,039		176,071
Savings accounts - health insurance reserve		178,348		
By others:				
Expendable for capital asset acquisitions		543,870		603,914
Totals	<u>\$</u>	1,964,892	\$	790,748

Assets whose use is limited by the Board of Trustees are to be used for the replacement of capital assets, for the purchase of additional capital assets and self-fund health insurance claims. These assets may be utilized for other purposes at the discretion of the Board.

3. CASH AND ASSETS WHOSE USE IS LIMITED (continued)

The amounts expendable for capital asset acquisitions relate to distributions made to the Facility from a charitable trust. The Facility, along with other trust beneficiaries, received annual distributions of trust net income until 2010 at which time, the trust was terminated and all undistributed net income along with trust principal were distributed to the trust beneficiaries. Distributions to the Facility are to be used for the replacement of capital assets or for the purchase of additional capital assets. Distributions may be used for other purposes upon unanimous vote of the Board of Trustees and approval by the trustee bank.

Deposits

Custodial credit risk for deposits is the risk that in the event of bank failure, the Facility's deposits may not be returned or the Facility will not be able to recover collateral securities in the possession of an outside party. The Facility's policy follows applicable State statutes and requires deposits to be 100% secured by collateral (pledged securities) valued at market, less the amount of the Federal Deposit Insurance Corporation (FDIC) insurance. State statutes define the allowable pledged securities.

At year end, the carrying amount of the Facility's deposits was \$1,962,908 with the bank balances of such accounts being \$2,039,568. Of the bank balances, \$262,437 was secured by federal depository insurance and the remaining balance of \$1,777,131 was covered by collateral held by the Facility's custodial bank in joint custody in the name of the Facility and its bank. The fair value of those pledged securities held by the Facility's custodial bank was \$2,211,648 at June 30, 2013.

Investment policies

Credit risk is the risk that an issuer or other counterparty to an investment will not fulfill its obligation. The Facility's investing activities are managed under the custody of senior management. Investing is performed in accordance with investment policies adopted by the Board of Trustees and in compliance with State statutes.

Applicable state statutes authorize the Facility to invest in (1) temporary notes or no-fund warrants issued by the Facility (2) time deposit, open accounts or certificates of deposit, with maturities of not more than two years, in commercial banks; (3) time certificates of deposit, with maturities of not more than two years, with state or federally chartered savings and loan associations or federally chartered savings banks, (4) repurchase agreements with commercial banks, state or federally chartered savings and loan associations or federally chartered savings banks; (5) United States treasury bills or notes with maturities as the governing body shall determine, but not exceeding two years; (6) the municipal investment pool maintained by the State Treasurer's office, and (7) trust departments of commercial banks.

4. CONCENTRATIONS OF CREDIT RISK

The Facility grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of gross accounts receivable from patients and third-party payors at June 30, 2013 and 2012 was as follows:

	<u>June 30,</u>			
	2013	2012		
Medicare	25%	26%		
Medicaid	17	10		
Blue Cross	13	11		
Commercial	11	13		
Private pay	34	40		
	1 <u>00</u> %	1 <u>00</u> %		

5. PENSION PLAN

The Facility maintains a contributory pension plan for all employees in lieu of social security. Prior to July 1, 1997, employees made contributions equal to 5% of their gross compensation. The Facility contribution was 10% of the employees' gross compensation for those employed for two years or more and 5% for all others. Effective July 1, 1997, employees are required to contribute the same percentage required under the Social Security laws (OASDI). The Facility is required to make a matching contribution in the same amount. An additional 3% contribution is made by the Facility on behalf of all employees continuously employed for three years or more. Voluntary employee contributions may be made up to a specified percent of eligible compensation not to exceed \$17,500 and \$17,000 for 2013 and 2012, respectively. Benefits are funded by an annuity contract with an insurance company. The total cost of the plan was \$749,847 and \$715,023 for 2013 and 2012, respectively. Employee and employer contributions vest immediately.

6. CAPITAL ASSETS

Capital asset additions, disposals, and balances for the years ended June 30, 2013 were as follows:

	Balance At June 30, 2012	Additions	Disposals	Transfers	Balance At June 30, 2013
Capital assets not being			•		
depreciated: Land	\$ 97,298	\$ -	\$	\$ -	\$ 97,298
Projects in progress	611,376	<u>64,161</u>	<u> </u>	(644,258)	31,279
Total capital assets not being depreciated	708,674	<u>64,161</u>	***************************************	(644,258)	128,577
Capital assets being depreciated:					
Land improvements	634,019	4004	****	***	634,019
Buildings and fixed equipment	18,061,745	30,997	***	***	18,092,742
Movable		60.050		C14 050	4 0 4 0 4 0 0
equipment	4,110,798	63,053		644,258	4,818,109
Total capital assets being depreciated	22,806,562	94,050		644,258	23,544,870
Less accumulated depreciation for:					
Land improvements	310,733	39,958	****	Audor	350,691
Buildings and fixed equipment	8,988,782	849,842	-		9,838,624
Movable equipment	3,071,972	483,108	, pare		3,555,080
Total accumulated depreciation	12,371,487	1,372,908	****	dama*	13,744,395
Total capital assets being depreciated, net	10,435,075	(1,278,858)		644,258	9,800,475
Total capital assets, net	<u>\$_11,143,749</u>	<u>\$ (1,214,697)</u>	<u>\$</u>	<u>\$</u>	\$ 9,929,052

6. <u>CAPITAL ASSETS</u> (continued)

 $Capital\ asset\ additions,\ disposals,\ and\ balances\ for\ the\ years\ ended\ June\ 30,2012\ were\ as\ follows:$

	Balance At June 30, 2011	Additions	Disposals	Transfers	Balance At June 30, 2012
Capital assets not being depreciated: Land	\$ 97,298	\$	\$	\$ -	\$ 97,298
Projects in progress	199,263	412,113	Access	\$ ****A	611,376
Total capital assets not	000.001	410 112			708,674
being depreciated	296,561	412,113			700,074
Capital assets being depreciated: Land					
improvements Buildings and fixed	634,019	-	_	-	634,019
equipment Movable	18,005,205	56,540			18,061,745
equipment	3,751,261	413,055	53,518		4,110,798
Total capital assets being depreciated	22,390,485	469,595	53,518		22,806,562
Less accumulated depreciation for:					
Land improvements	270,739	39,994	****	444-	310,733
Buildings and fixed equipment Movable	8,068,537	920,245		****	8,988,782
equipment	2,750,536	374,954	53,518		3,071,972
Total accumulated depreciation	11,089,812	1,335,193	53,518		12,371,487
Total capital assets being depreciated, net	11,300,673	(865,598)	and the same of th		10,435,075
Total capital assets, net	<u>\$ 11,597,234</u>	<u>\$ (453,485)</u>	\$	<u>\$</u>	<u>\$ 11,143,749</u>

7. LONG-TERM DEBT

The following is a summary of changes in long-term debt for the year ended June 30, 2013 and 2012:

	Balance At June 30, 2012	Additions	Reductions	Balance At June 30, 2013	Amounts Due Within One Year
Capital lease obligations Note Payable	\$ - 767,512	\$	\$ - 	\$	\$ -
Total	<u>\$ 767,512</u>	\$ 15,592	<u>\$ 783,104</u>	<u>\$</u>	<u>\$</u>
	Balance At June 30, 2011	Additions	Reductions	Balance At June 30, 2012	Amounts Due Within One Year
Capital lease obligations Note Payable	\$ 28,623 189,501	\$ – 637,575	\$ 28,623 59,564	\$ - 	\$ – 62,063
Total	<u>\$ 218,124</u>	<u>\$ 637,575</u>	<u>\$ 88,187</u>	<u>\$ 767,512</u>	<u>\$ 62,063</u>

Capitalized lease obligations

The Facility has entered into capital lease agreements for the acquisition of certain capital assets, including a new lease for the acquisition and installation of an electronic health record (EHR) system in 2011. The lease for the EHR system with a principal balance of approximately \$400,000 was converted to a note payable during 2012. Interest incurred under the leases was \$6,808 for the year ended June 30, 2012.

Note Payable

During 2012, the Facility entered into a note payable for the principal amount of \$800,000 for the acquisition and installation of an electronic health record (EHR) system. The EHR project was completed in 2013 and the note was fully retired with proceeds from the Medicare and Medicaid EHR incentive programs received during 2013. Interest expense incurred on the note for the years ended June 30, 2013 and 2012 was \$15,246 and \$9,897, respectively

8. NOTE PAYABLE TO BANK

The Facility has a revolving line of credit agreement with a local bank. The maximum principal that can be borrowed is \$800,000 and carries a fixed interest rate of 3.0%. Interest expense incurred on the obligation for the years ended June 30, 2013 and 2012 was \$9,905 and \$6,147, respectively. The note is collateralized by accounts receivable and it is management's intention to pursue the renewal of the agreement when it expires in March of 2014.

9. OTHER POST EMPLOYMENT BENEFITS

As provided by K.S.A. 12-5040, the Facility is required to allow qualifying retirees to participate in the group health insurance plan. While each retiree is required to pay the full amount of the applicable premium, conceptually, the Facility is subsidizing the retirees because each participant is charged a level premium regardless of age. However, the cost of the subsidy, if any, has not been quantified in these financial statements.

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), the Facility makes health care benefits available to eligible former employees and their eligible dependents. Certain requirements are outlined by the federal government for this coverage. The premium is paid entirely by the insured and there is no cost to the Facility under this plan.

10. FAIR VALUE OF FINANCIAL INSTRUMENTS

FASB ASC 820-10 establishes a single authoritative definition of fair value, sets a framework for measuring fair value and requires additional disclosures about fair value measurements. Financial instruments that are measured and reported at fair value are classified and disclosed in one of the following categories based on inputs:

- <u>Level 1</u> Quoted market prices are available in active markets for identical instruments as of the reporting date.
- <u>Level 2</u> Pricing inputs are observable for the instruments, either directly or indirectly, as of the reporting date, but are other than quoted prices in active markets as in Level 1.
- <u>Level 3</u> Pricing inputs are unobservable for the instrument and include situations where there is little, if any, market activity for the instrument.

The following methods and assumptions were used by the Facility in estimating the fair value of its financial instruments:

<u>Cash and assets whose use is limited</u> – The carrying amounts reported in the balance sheet approximates fair value.

Accounts and other receivables - The carrying amounts reported in the balance sheet for accounts and other receivables approximates fair value because of the short-term nature of those instruments.

<u>Estimated third-party payor settlements</u> – The carrying amounts reported in the balance sheet for estimated third-party payor settlements approximates fair value because of the short-term nature of those instruments.

<u>Accounts and other payables</u> – The carrying amounts reported in the balance sheet for accounts and other payables approximates its fair value.

<u>Long-term debt</u> – The fair value of the is estimated using discounted cash flow analyses, based on the Facility's current incremental borrowing rates for similar types of borrowing arrangements.

10. FAIR VALUE OF FINANCIAL INSTRUMENTS (continued)

The carrying amounts and fair value of the Facility's financial instruments at June 30, 2013 and 2012 are as follows:

	June 30, 2013				June 30, 2012			
		Carrying Amount		Fair Value	***************************************	Carrying Amount		Fair Value
Cash Assets whose use is limited	\$	808,635 1,156,257	\$	808,635 1,156,257	\$	10,763 779,985	\$	10,763 779,985 1,683,826
Accounts and other receivables Estimated third-party payor		1,901,283		1,901,283		1,683,826 701,676		701,676
settlements Accounts and other payables		57,655 1,423,440		57,655 1,423,440		1,660,155		1,660,155
Long-term debt						767,512		767,512

11. EMPLOYEE HEALTH CLAIMS

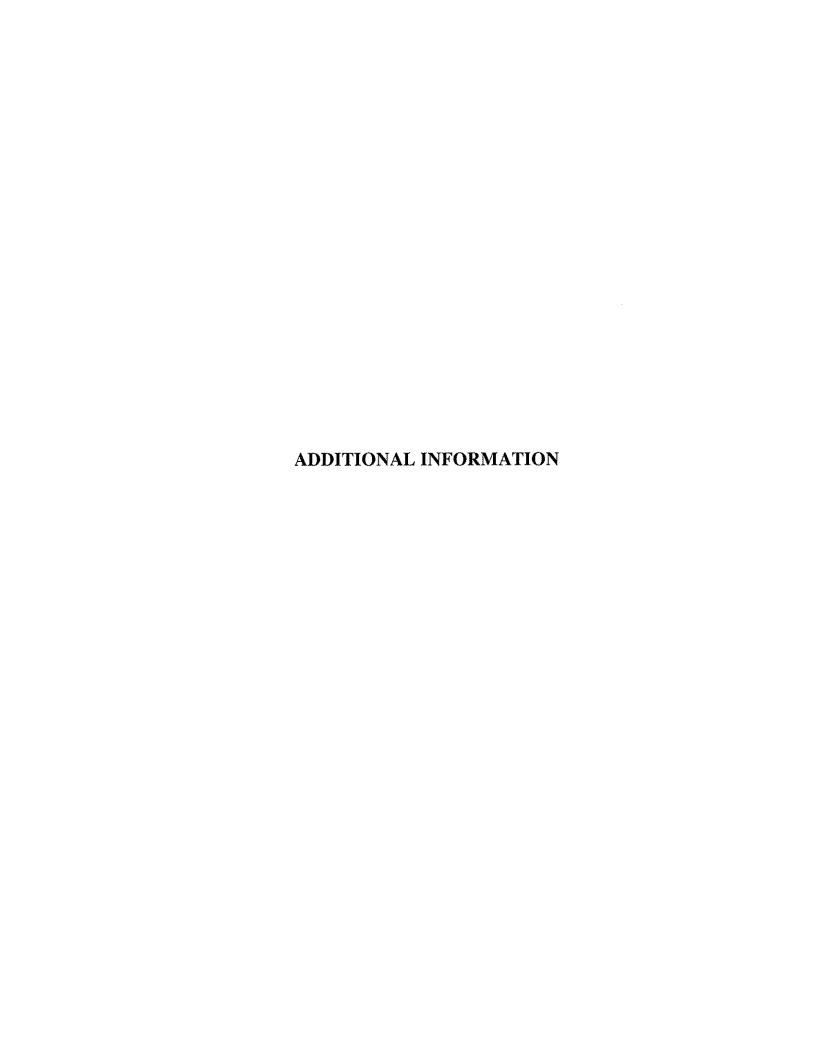
Substantially all of the Facility's employees and their dependents are eligible to participate in the Facility's employee health, pharmacy and dental insurance plans. Beginning January 1, 2013, the Facility is self-insured for medical claims of participating employees and dependents up to per participant annual aggregate of \$25,000. Commercial stop-loss insurance coverage is purchased for health claims in excess of the aggregate annual amount. A provision is accrued for self-insured employee health claims including both claims reported and claims incurred but not yet reported. The accrual is estimated based on consideration of prior claims experience, recently settled claims, frequency of claims and other economic and social factors. It is reasonably possible that the Facility's estimate will change by a material amount in the near term.

Activity in the Facility's accrued employee health insurance and claims liability for the year ended June 30, 2013 is summarized as follows:

Balance, beginning of year	\$ _
Current year claims incurred and changes in	
estimates for claims incurred in prior years:	
Employer portion	918,809
Employee portion	144,974
Claims and expenses paid	 (850,971)
Balance, end of year	\$ 212,812

12. CONTINGENCIES

In the normal course of business, the Facility is, from time to time, subject to allegations that may or do result in litigation. The Facility evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of legal counsel, management records an estimate of the amount of ultimate expected loss, if any, for each case. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.



SCHEDULE OF PATIENT SERVICE REVENUE

	Year ended June 30,								
		2013		2012					
	Inpatient	Outpatient	Total	Inpatient	Outpatient	Total			
Routine services:									
Acute	1,039,955 \$	- \$	1,039,955 \$	864,290 \$	- \$	864,290			
Swing-bed	994,104	,	994,104	646,788		646,788			
Nursery	309,314	4,300	313,614	272,239	_	272,239			
High Plains	3,457,761	****	3,457,761	3,263,774		3,263,774			
Operating room	409,611	609,372	1,018,983	271,238	514,511	785,749			
Labor and delivery	501,353	24,350	525,703	489,390	24,190	513,580			
Anesthesiology	9,750	383,808	393,558	3,725	338,666	342,391			
Radiology	230,444	1,466,486	1,696,930	136,169	1,325,469	1,461,638			
Laboratory	727,776	3,080,933	3,808,709	541,796	2,593,294	3,135,090			
Respiratory therapy	148,482	32,791	181,273	160,644	28,752	189,396			
Physical therapy	162,726	400,752	563,478	90,395	428,961	519,356			
Electrocardiology	9,940	63,925	73,865	15,185	58,294	73,479			
Medical supplies	438,929	246,814	685,743	380,833	241,130	621,963			
Pharmacy	886,675	485,735	1,372,410	821,107	441,185	1,262,292			
Heart monitors and			, ,	•	,				
cardiac rehab	26,762	87,173	113,935	15,620	82,164	97,784			
Clinic		4,672,400	4,672,400		4,048,904	4,048,904			
Emergency room	20,901	952,609	973,510	20,402	921,449	941,851			
Observation care	15,173	361,415	376,588	19,318	228,059	247,377			
Home health	,	145,334	145,334	, ,	216,773	216,773			

Gross patient service revenue \$	9,389,656 \$	13,018,197	22,407,853 \$	8,012,913 \$	11,491,801	19,504,714			
Less contractual adjustments			(6,490,229)			(4,980,409)			
Less charity care			(127,463)			(116,077)			
Less bad debts			(819,202)			(725,144)			
Net patient service revenue		4	14,970,959		\$	13,683,084			

SCHEDULE OF OPERATING EXPENSES BY FUNCTIONAL DIVISION

	Year ended June 30, 2013								
Department		Salaries	Supplies and other	Depreciation	Total	Percent of total operating expenses			
Routine service:									
Adult and pediatrics	\$	987,568 \$	171,371 \$	109,004 \$	1,267,943	7.16 %			
Nursery		100,212	8,231	2,016	110,459	0.62			
High Plains (intermediate, assisted living and									
self-care)	-	1,891,323	233,450	361,811	2,486,584	14.01			
		2,979,103	413,052	472,831	3,864,986	21.79			
Ancillary services:									
Operating room		238,364	50,779	44,990	334,133	1.88			
Labor and delivery		94,397	19,025	8,558	121,980	0.69			
Anesthesiology		217,596	337,679	_	555,275	3.13			
Radiology		211,844	246,655	63,969	522,468	2.94			
Laboratory		341,679	336,654	32,683	711,016	4.01			
Respiratory therapy		53,063	7,210	-	60,273	0.34			
Physical therapy		137,065	6,339	4,044	147,448	0.83			
Speech therapy			2,982		2,982	0.02			
Electrocardiology		1,096	258	-	1,354	0.01			
Medical supplies		138,448	128,273	_	266,721	1.50			
Pharmacy		62,698	180,886	29,437	273,021	1.54			
Heart monitors and									
cardiac rehab		29,365	9,925	18,064	57,354	0.32			
Clinic		2,463,242	440,453	56,321	2,960,016	16.68			
Emergency room		50,453	120,928	7,311	178,692	1.01			
Home health		150,170	8,827	875	159,872	0.90			
	-	4,189,480	1,896,873	266,252	6,352,605	35.80			
General services:									
Nursing administration		232,860	16,303	15,902	265,065	1.49			
Operation of plant		192,320	627,801	7,654	827,775	4.66			
Laundry		147,005	74,455	1,944	223,404	1.26			
Housekeeping		239,942	42,151	_	282,093	1.59			
Dietary		514,768	330,126	3,096	847,990	4.78			
Medical records		176,271	78,620	28,004	282,895	1.59			
Administration and general		687,185	568,849	25,271	1,281,305	7.22			
Employee benefits		***	2,965,963		2,965,963	16.71			
Depreciation - building			Access -	551,954	551,954	3.11			
		2,190,351	4,704,268	633,825	7,528,444	42.41			
	\$	9,358,934 \$	7,014,193 \$	1,372,908 \$	17,746,035	100.00 %			

Year ended June 30, 2012

December	******	G-14	Supplies and other	Danuacieties	Total	Percent of total operating
Department		Salaries	Other	Depreciation	rotai	expenses
Routine service: Adult and pediatrics Nursery High Plains (intermediate,	\$	933,073 \$ 94,709	86,026 \$ 8,887	12,484 \$ 2,016	1,031,583 105,612	6.11 % 0.63
assistted living and						
self-care)		1,862,110	265,287	390,876	2,518,273	14.93
		2,889,892	360,200	405,376	3,655,468	21.67
Ancillary services:						
Operating room		201,729	52,345	62,329	316,403	1.88
Labor and delivery		101,806	18,055	8,558	128,419	0.76
Anesthesiology		241,846	292,515	••••	534,361	3.17
Radiology		179,400	208,108	103,043	490,551	2.91
Laboratory		321,002	291,775	18,296	631,073	3.74
Respiratory therapy		47,552	14,561	_	62,113	0.37
Physical therapy		107,807	40,065	1,647	149,519	0.89
Speech therapy		***	1,575	_	1,575	0.01
Electrocardiology		1,006	620		1,626	0.01
Medical supplies		134,655	124,438		259,093	1.54
Pharmacy		58,080	195,596	16,846	270,522	1.60
Heart monitors and						
cardiac rehab		33,680	6,197	18,064	57,941	0.34
Clinic		2,247,508	381,997	45,299	2,674,804	15.86
Emergency room		40,674	173,763	5,726	220,163	1.31
Home health	•	173,143	26,517	875	200,535	1.19
		3,889,888	1,828,127	280,683	5,998,698	35.58
General services:						
Nursing administration		265,129	38,520	4,094	307,743	1.82
Operation of plant		182,079	525,998	5,958	714,035	4.23
Laundry		130,068	71,799	1,944	203,811	1.21
Housekeeping		220,044	42,689		262,733	1.56
Dietary		475,681	243,360	2,523	721,564	4.28
Medical records		177,212	100,283	28,004	305,499	1.81
Administration and general		671,533	645,454	12,572	1,329,559	7.88
Employee benefits		stem	2,772,223	-	2,772,223	16.44
Depreciation - building				594,039	594,039	3.52
		2,121,746	4,440,326	649,134	7,211,206	42.75
	\$ _	8,901,526 \$	6,628,653	1,335,193 \$	16,865,372	100.00 %